



# Submitting a 90-Day Waiver Request

---

## When to Submit a 90-Day Waiver Request

You must request a 90-day waiver when you have exceeded 90 days from the service date or the date on an explanation of benefits (EOB) from another insurer, the claim has never been paid, and you meet one or more of the following conditions:

- You are making a change to the member ID number.
- You are making a change to the pay-to provider number.
- You are changing the invoice (claim form) type.
- You are billing the claim for the first time, and meet the criteria outlined in MassHealth regulations 130 CMR 450.309 through 450.314: This includes retroactive eligibility.

## How to Submit a 90-Day Waiver Request

- Prepare a new claim form.
- Attach a copy of any remittance advice where the claim has appeared (if applicable).
- Attach a cover letter stating the reason for the waiver request.
- Do not indicate resubmittal/adjustment information and do not enter a former transaction control number (TCN).

## Where to Submit a 90-Day Waiver Request

Submit pharmacy requests to:

ACS State Healthcare  
Attention: MassHealth  
365 Northridge Center 1  
Suite 400  
Atlanta, GA 30350

Submit dental requests to:

MassHealth Dental-Claims  
12121 North Corporate Parkway  
Mequon, WI 53092

Submit all other requests to:

MassHealth  
Attention: 90-Day Waivers  
P.O. Box 9118  
Hingham, MA 02043